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DATE NOTICE SENT TO ALL PARTIES: Nov/04/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Kadian 80mg BID #60/30 days. (Brand name necessary) Dilaudid 4mg BID #60/30 days. Lidocaine 5% patch #80/30 days. Topemax 100mg 2 QHS #80/30 days

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Anesthesiologist

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute. It is the opinion of this reviewer that the requests for Kadian 80mg BID #60/30 days. (Brand name necessary) Dilaudid 4mg BID #60/30 days. Lidocaine 5% patch #80/30 days. Topemax 100mg 2 QHS #80/30 days are not medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: Patient is a xxxx with complaints of pain. On xxxx, sxxxx was seen in clinic for complaints regarding chronic back pain, neck pain and left upper extremity pain. Pain on average was rated at 6/10. Medications included Kadian 80mg BID, Zanaflex, Phenergan, Topamax, Dilaudid 4mg, Zoloft, Amitiza, Lidoderm, and xxxx reported having the ability to do some shopping, light housework and xxxx activities of daily living. xxxx had failed a spinal cord stimulator in the past and it was noted injections were not helpful. A TENS unit and ice packs were helpful. xxxx was continually using a lumbar brace. xxx was using Dilaudid 4mg twice a day as needed for breakthrough pain. On exam xxx walked slightly with a stooped gait with a cane. Straight leg raise was positive bilaterally. On xxxx, the patient returned to clinic. Pain on average was rated at 8/10. It was noted that on her last visit, a trial of decreasing Kadian from 80mg to 60mg twice a day was recommended, and the patient noted she could notice quite a difference with increased pain before her next dose of Kadian. Pain was ranging from 5-8/10 since the last visit. On xxxx, the patient was seen in clinic. Pain on the average was rated at 6/10. Kadian at 80mg twice a day was prescribed twice a day for breakthrough pain. Medications included Kadian, Phenergan, Topamax, Dilaudid, Xanax, Zoloft, Lidoderm patches, and Amitiza. xxx did not drive but stated she was able to do her activities of daily living as well as light housework. On 10/09/15, the patient returned to clinic. Pain was rated at 6/10 on average. It was noted she was unchanged since her last visit. Medications included Kadian, Phenergan, Topamax, Dilaudid, Xanax, Zoloft, Amitiza, and Lidoderm patches. xxx reported the ability to do light housework, drive short distances and do her activities of daily living. On exam bilateral straight leg raise was positive and the patient had a slow careful gait using a cane leaning forward as she walked.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: On xxxxx, a utilization review determination letter noted there was a negotiated approval for Kadian 60mg, Lidoderm

patches, and Topamax. On xxxx, a utilization review noted there was an adverse determination for the requested medications including Kadian 80mg, Dilaudid 4mg, Lidocaine 5% patch, and Topamax. The Official Disability Guidelines pain chapter was utilized as the reference course and it was noted that pain was ongoing to the neck and low back rated at 6/10, and the reports indicated the patient was worsening. The evaluation did not provide any further indications that the requested medications were providing significant pain relief or functional improvement. There was a noted increase in the use of Dilaudid. Therefore non-certification was recommended. On xxxxx, an adverse determination was submitted for the requested medications, Kadian, Dilaudid, Lidocaine and Topamax.
The Official Disability Guidelines pain chapter was cited as the reference source and it was noted that the clinical documentation provided did not support an appropriate evaluation for the continued use of narcotics or the efficacy of the narcotics.
It was noted there was no documentation indicating Lidocaine was providing substantial benefit or that Topamax was providing substantial sustained efficacy. It was further noted that there was no evidence that the patient had failed other anticonvulsants to support Topamax. Therefore the recommendation was for non-certification.
The submitted records indicate the patient has been on the medications for a significant length of time. On xxxx, she was seen in clinic for complaints regarding chronic back pain, neck pain and left upper extremity pain. Pain on average was rated at 6/10. Medications included Kadian 80mg BID, Zanaflex, Phenergan, Topamax, Dilaudid 4mg, Zoloft, Amitiza, Lidoderm, and she reported having the ability to do some shopping, light housework and her activities of daily living. She had failed a spinal cord stimulator in the past and it was noted injections were not helpful. A TENS unit and ice packs were helpful. She was continually using a lumbar brace. She was using Dilaudid 4mg twice a day as needed for breakthrough pain. On exam she walked slightly with a stooped gait with a cane. Straight leg raise was positive bilaterally. On xxxxx, the patient returned to clinic. Pain on average was rated at 8/10. While it was noted that pain was rated at 6/10 most recently, this is not sufficient pain control for these medications. There is lack of documentation of functional improvement with the medications. Continued prescribing of the requested medications is not supported due to lack of efficacy.
It is the opinion of this reviewer that the requests for Kadian 80mg BID #60/30 days. (Brand name necessary) Dilaudid 4mg BID #60/30 days. Lidocaine 5% patch #80/30 days. Topemax 100mg 2 QHS #80/30 days are not medically necessary and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:
[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
[ ] INTERQUAL CRITERIA
[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
[ ] MILLIMAN CARE GUIDELINES
[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)